TC51010 9-27-01

## **Instructions for Idaho Form 51**

(Return this form only if you are making a payment.)

## A. GENERAL INFORMATION

If you cannot file your Idaho tax return by April 15, 2002, you will be allowed an automatic six-month extension without filing a written request. To qualify for an automatic extension, you must file your tax return by October 15, 2002. However, an extension of time to file your return is not an extension of time to pay your tax. To avoid penalties, you must pay 80% of your current year tax liability or 100% of the tax reported on your income tax return for the preceding year, if one was filed. If you will owe \$50 or less, a payment is not required.

Complete the tax payment worksheet below to see if you owe additional tax. If you owe additional tax but cannot file by April 15, 2002, use Form 51 below to mail in your payment. Your payment must be postmarked by April 15, 2002.

В.	TAX PAYMENT WORKSHEET		
1.	Total tax on your 2000 return. Form 40, line 55; Form 40EZ, lines 9, 10 and 11; Form 43, line 70	1	
2.	Tax on your 2001 estimated taxable income. Form 40, line 22; Form 43, line 45	2	
3.	Estimated additional taxes for 2001. Form 40, lines 38 through 41; Form 43, lines 59 through 62	3	
4.	Estimated credits for 2001. Form 40, line 36; Form 43, lines 46 through 56	4	
5.	Add lines 2 and 3 and subtract line 4.	5	
6.	Multiply line 5 by 80%.	6	
7.	Enter the lesser of line 1 or line 6.	7	
8.	ldaho income tax withheld. Form 40, line 50; Form 43, line 70		
9.	Tentative payments	9	
10.	0. 2001 credits. Form 40, lines 46 through 49; Form 43, lines 67 through 69		
11.	11. Add amounts listed on lines 8, 9 and 10.		
12. Payment Due. Subtract line 11 from line 7		12	
	13. Additional amount		
Return the form below with check or money order payable to: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056			
F 51 R TC51010 M 9-27-01  ESTIMATED PAYMENT OF IDAHO INDIVIDUAL INCOME TAX			
This payment is for tax year: 2001 2002			
Your	first name and initial Last name Your Soc	ial Security Number	
If a j	oint return, spouse's first name and initial  Last name  Spouse's	Social Security Number	
Address (number, street and apartment number)			
City, State and Zip Code			
Filin	Arried filing separately    Arried filing joint return (List both names and social security numbers above)   Arried filing separately   Head of household   Qualifying widow(er)	nount paid	